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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/800,806	
	Filing Date	March 15, 2004	
	First Named Inventor	Von Arx, Jeffrey A.	
	Art Unit	2131	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission		Attorney Docket Number	020.0328.US.UTL

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request to Accept Missing Reference 1 Foreign Patent Document Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Offices of Patrick J.S. Inouye		
Signature			
Printed name	Patrick J.S. Inouye		
Date	February 6, 2006	Reg. No.	40297

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Larissa V. Pigott	Date	February 6, 2006

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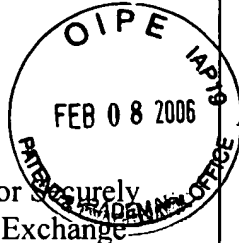
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Von Arx et al.

Application No.: 10/800,806

Filed: March 15, 2004

Title: System And Method For Securely
Authenticating A Data Exchange
Session With An Implantable Medical
Device



Art Unit: 2131

Attorney Docket No.: 020.0328.US.UTL

**REQUEST TO ACCEPT MISSING REFERENCE FROM INFORMATION
DISCLOSURE STATEMENT**

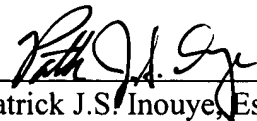
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Sir:

Applicant respectfully requests acceptance of a copy of reference, inadvertently omitted at the filing of an Information Disclosure Statement under 37 C.F.R. 1.97(b).

The Information Disclosure Statement was filed on November 18, 2005 and listed foreign patent document, EP 0756397, to Hewlett-Packard Company, on Form PTO 1449, a copy of which is now included. Consideration of the foregoing in relation of this application and the information disclosed herein be made of record in this application is respectfully requested.

Respectfully Submitted,


Patrick J.S. Inouye, Esq.

Date: February 6, 2006

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